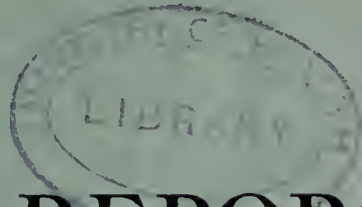


URBAN DISTRICT COUNCIL  
OF NEWTON-LE-WILLOWS



# ANNUAL REPORT

of the

## Medical Officer of Health

for the Year ended  
31st December, 1951



REPORT TO NEWTON-LE-WILLOWS U.D. COUNCIL.

BY DR.A.C.CRAWFORD, MEDICAL OFFICER OF HEALTH.

ON THE POLLUTION OF NEWTON LAKE.

SEPTEMBER, 1951.

Mr. Chairman,  
Ladies & Gentlemen,

- (1) In conformity with the Resolution detailed in Minute No. 43, and bearing in mind that the basis of the Resolution was the polluted state of Newton Lake in addition to that of Millingford Brook, (and resulting partly therefrom) I have now had the opportunities to carry out a personal survey of the Lake and its tributaries, and present herewith my Report as requested.
- (2) Firstly, it is of course necessary to appreciate the sources and courses of the natural streams which form the Newton Lake - Millingford Brook and Ellams Brook - and the sources from which these two streams arise. This information proved rather difficult to obtain, even with the help of large scale Ordnance maps, and in certain sections it was necessary to carry out a personal survey on the actual ground. A diagrammatic representation of the water-courses concerned is attached as an appendix to this report, reference to which will make clear the ultimate tributaries of the Lake and also the sources of its pollution, both excremental and industrial.
- In brief, Millingford Brook itself arises in a copse just to the south east of Skitters Woods, by the junction of a stream (Down Brook) which runs south east from tributaries arising in relatively high ground lying between Billinge and Winstanley, and an un-named stream formed by three tributaries which arise in the neighbourhood of Billinge Road, the Stag Hotel, and Torpen Wood; these tributaries unite near Gibbons Road. Millingford Brook itself then continues a south easterly course until it enters the township of Ashton, (where it is joined by Jack Brook), past the Ashton Sewage Works, (from which it receives the effluent), thence into Golborne U.D., past disused cotton mills and the present modern Harben's mills, and thence by the Golborne Sewage Works in a southerly direction, before turning eastwards to join Ellams Brook at the northerly end of Newton Lake.
- Ellams Brook arises to the north of the East Lancashire road in the old Boston area, and runs first south easterly, and then almost easterly through Wicken Hedge, and past the Haydock East End Sewage Works: after which it is joined by a tributary from the Dean Dam area before finally entering the northern end of the Newton Lake.
- (3) It will be understood, therefore, that:-
- (i) These natural watercourses are very tortuous, and very slow-flowing in places, owing to the poor general gradient, which at times is almost negligible.
  - (ii) They are thus very liable to natural pollution caused by decaying vegetation in marshy stretches.
  - (iii) They are contaminated artificially, almost from their sources, by artificially produced effluents from
    - (a) Industrial
    - and (b) Excremental sources.



(a) Industrial contamination is the result of the introduction of (i) Deep Mine-water pumpings, (ii) Coal and slack washings (iii) colliery wagon washings (iv) effluents from mills in Ashton and Golborne.

(b) Excremental contamination arises from the introduction of (i) the mass effluents from the sewage works at Ashton, Golborne and Haydock, (ii) individual septic tank effluents from establishments such as Haydock Lodge and Haydock Park Farm, and (iii) excremental pollution in the mine pumpings.

(4) As Millingford Brook was considered to contribute the major pollution, samples of water were taken at two points and submitted for (a) bacteriological and (b) chemical analysis. With the idea of ascertaining differing degrees of pollution, the sites selected were (i) on leaving Ashton U.D. and entering Golborne U.D., and (ii) on leaving Golborne U.D., and entering Newton U.D. Both samples were taken on 6th June, 1951. A summary of the results of these investigations is as follows:-

(a) Bacteriological.

There was evidence of gross excremental pollution at both points, with no appreciable difference of degree. Pathogenic organisms were isolated from both samples - a "germ" of the "food-poisoning" group of organisms, where the stream enters Golborne, and a "paratyphoid B" organism from the sample taken on the Golborne-Newton boundary. A second sample from this same spot submitted approximately four weeks later failed to incubate this organism: arrangements have been made for further samples to be investigated.

(b) Chemical.

Both samples showed evidence of bad sewage pollution, and were described as liable to form sulphuretted hydrogen, and therefore to give rise to bad odours in warm weather. The second sample (the one taken after leaving Golborne and entering Newton) was, however, much worse in this respect, contained more than double the total solids of the first sample, and had a higher proportion of solids in suspension, as well as in solution. It was described as evidently containing wastes from a rayon factory, as well as sewage.

(5) Briefly, then, these results show that Millingford Brook is heavily polluted with sewage on entering Golborne, and heavily polluted with both sewage and industrial waste after leaving Golborne and entering Newton, (and therefore Newton Lake). Also, it is proved that organisms pathogenic to (i.e., capable of producing known types of disease in) man are present. The condition of this stream must therefore be regarded as prejudicial to health and a nuisance to some degree. It should, however, be remembered that bad odours in themselves do not give rise to disease, although they may well constitute a nuisance: and that having regard to the fact that these waters are never utilised for human consumption and are no longer used for bathing purposes, the risk of infection arising from this contamination, from the practical aspect is slight. But it cannot be discounted entirely.

(6) Measures which should secure improvement in the condition of Newton Lake may be grouped as follows:-

- (i) The improvement of standards of (a) sewage effluents and (b) industrial effluents which discharge into the two main tributaries, Millingford Brook and Ellams Brook.
- (ii) Efforts to speed the flow of the tributary streams, and to prevent marsh formation in low ground.
- (iii) The virtual abolition of the Lake by the release of its waters at the dam.

(i) Improved standards of effluents.

(a) Sewage effluents.

This would entail much more than the goodwill and co-operation of the other County Districts concerned: it would call for very considerable expenditure of time and money, to the tune of several years and many thousands of pounds. Considerable work would have to be undertaken by the Ashton-in-Makerfield authority to renovate the sewage works, and to prevent the present tendency in wet weather for surface water to carry sludge into the Millingford stream. As regards Haydock, it seems doubtful whether an improved effluent could be obtained without completely re-designing and re-building the East End Sewage works, the only other alternative being to await the completion of the Sankey Valley Sewerage Scheme, when the present East End sewage works will become redundant.

(b) Industrial Effluent.

The main source of this pollution is, of course, the Parkside Mills of Messrs. Harbens Ltd., and this effluent does undoubtedly contribute very greatly to the smell nuisance, and to the solid content of the stream, although from the health point of view such wastes must effect some degree of disinfection so far as pathogenic germs are concerned, as wastes of this type must deter the growth of bacteria.

As the Committee is aware, the Mersey Rivers Board is the Authority responsible for the prevention of pollution of natural rivers and streams; and this Board does carry out fairly frequent periodic sampling of all types of effluents discharged into these watercourses, both sewerage and commercial effluents. Certain standards are laid down to which the Board works, and representations are made to those responsible when these standards are not attained: but it is evidently quite impracticable for constant supervision to be maintained. In addition, it is the combined effect of multiple effluents which has resulted in the present gross pollution, the normal volume of natural water being insufficient to secure adequate dilution.

(ii) Measures to accelerate the flow of water.

This is essentially a Civil Engineering matter; but it seems reasonable to suggest that by reduction of the width of the streams, and by straightening out their courses, a greater velocity of flow could be obtained. By building up the banks and narrowing the stream, and so deepening it, the self-scouring



effect of the water would be greater, and overflow into marshland prevented. It is important to prevent this last feature, because the surface spread of the polluted water, and subsequent soakage and evaporation, leave a fouled area liable to give rise to offensive odours.

(iii) Reduction or abolition of the Lake surface.

It is understood that this Lake is largely artificial in character, and that a considerable drop in water level and volume could be effected by opening the dam valves, at the southern end. The situation at present is that polluted waters are being impounded and held within the district, when they might well be released for onward flow. It is therefore suggested that it should be possible - preferably in the colder and wetter seasons - gradually to lower the Lake level, and subsequently, to reclaim land at present forming the bed of the Lake, at the same time confining the waters to a much reduced channel by building up the banks as necessary.

SUMMARY AND CONCLUSIONS:

- (i) The waters of Newton Lake are heavily polluted as the result of the contamination of its tributary streams by excremental and industrial pollution. Such pollution occurs virtually at the sources of these tributaries.
- (ii) The polluted waters are impounded to form the Lake.
- (iii) Either the present degree of pollution must be very materially reduced - (a solution which, though logical and idealistic, seems to me to present almost insuperable difficulties of attainment) - or the polluted streams should be accelerated on their way to the sea, and their waters should not be impounded.
- (iv) Of the measures outlined in para 6 above, no single one is likely to be fully implemented: but even some degree of improvement within each would have a materially beneficial effect on the whole problem. Neighbouring Authorities concerned should be approached and asked to lend their whole hearted support, as also the Lancashire Rivers Board.
- (v) From the point of view of this Authority it appears to me that in view of the difficulty - one might almost say the impossibility - of preventing material pollution of the two main tributaries of the Lake in other Districts, the most satisfactory and speedy solution would be (a) an agreement with the Golborne and Haydock U.Ds. to reduce the width of and to deepen these streams where they form the inter-district boundaries (b) to release (in favourable season) the waters of the Lake, (thereby reclaiming land) and (c) to bank it in as far as possible, so that the present Lake would become a relatively fast-flowing stream of moderate width, hastening the polluted waters onward.

I am,

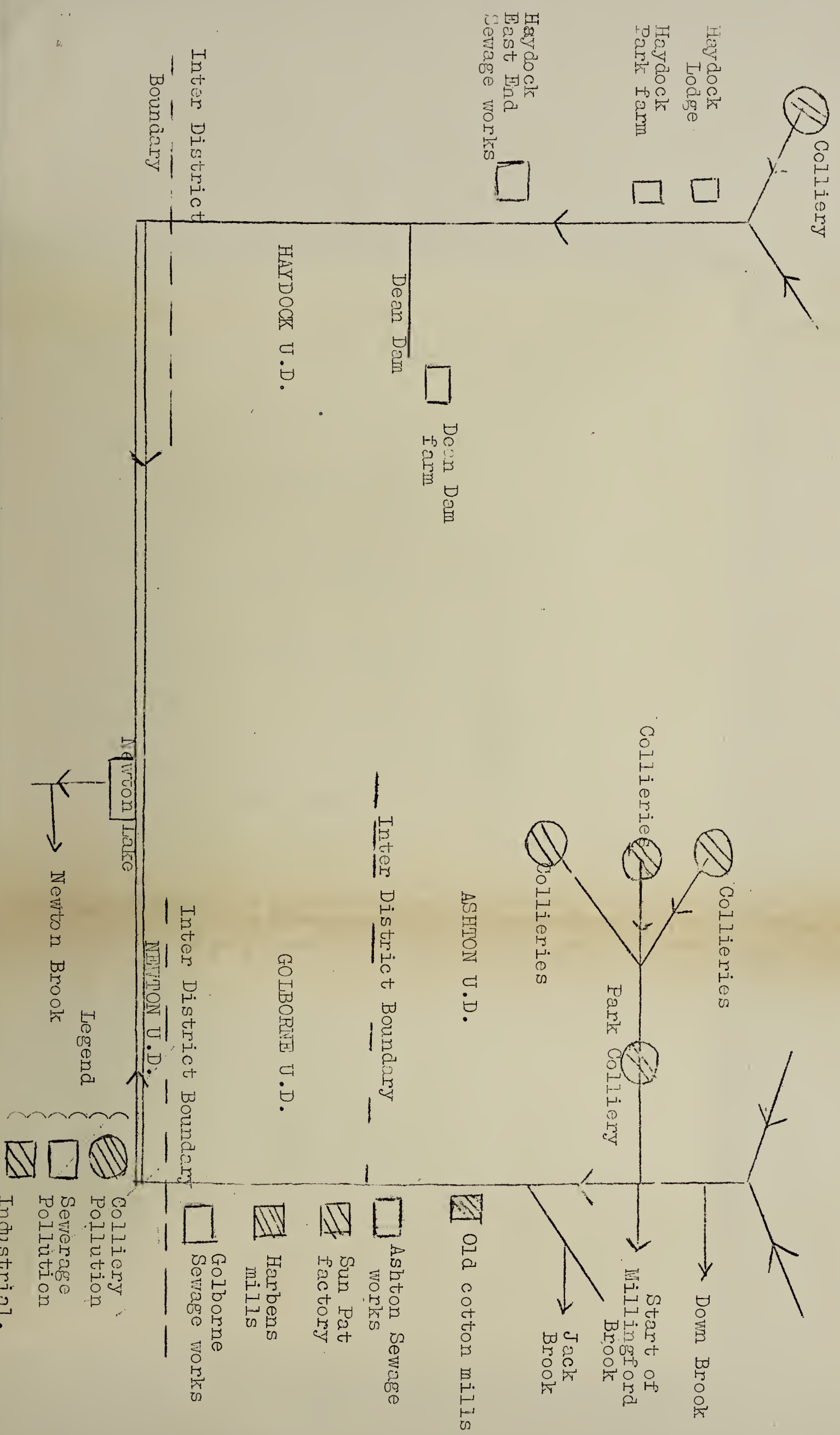
Mr. Chairman,

Ladies & Gentlemen,

Your obedient Servant,

A.C.CRAWFORD.

Medical Officer of Health.







## NEWTON-LE-WILLOWS URBAN DISTRICT COUNCIL.

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Chairman of the Council :

COUNCILLOR MRS. C. CARR, J.P.

Vice-Chairman :

COUNCILLOR J. S. JONES, J.P., C.C.

Clerk and Chief Financial Officer :

L. J. SHIELDS, A.S.A.A.

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### **Health Committee :**

Chairman :

COUNCILLOR L. KENT.

Vice-Chairman :

COUNCILLOR C. L. TYRER.

Members :

Councillor A. E. BARNETT

„ MRS. C. CARR

„ MRS. E. CROUCHLEY, J.P.

„ E. J. GILLESPIE

„ MRS. E. NIGHTINGALE

„ E. J. THOMPSON

## PUBLIC HEALTH DEPARTMENT :

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### Staff :

Medical Officer of Health :

A. C. CRAWFORD, T.D., M.B., Ch.B., D.P.H., D.T.M.

\* Chief Sanitary Inspector :

L. M. BOOTH, M.R. San.I., M.S.I.A.

\* Additional Sanitary Inspector .

G. DAVIES, M.S.I.A.

Clerk :

MRS. B. M. LIGHTFOOT.

\* Qualified Meat and Other Foods Inspectors (R.S.I.).

## **The Chairman, and Members of the Newton-le-Willows Urban District Council.**

MR. CHAIRMAN, LADIES & GENTLEMEN,

I have the honour to present for your consideration my Report for the year 1951, on the Sanitary circumstances and the state of health of the inhabitants of this Urban District.

The almost revolutionary changes set up by the National Health Service Act of 1946, whereby a medical service, both specialist and general, therapeutic and preventative, was initiated, have now come to be regarded as commonplace, and are accepted as part and parcel of everyday life : it may, perhaps, be said with a great deal of truth that they are taken altogether too much for granted. Even more specifically are the preventative medical and sanitary services accepted as part of twentieth century civilisation, having been in existence for just over a century, during which time an almost miraculous improvement has been effected by the quiet skill, perseverance and determination of several generations of doctors, veterinary surgeons, scientific research workers, sanitary inspectors, laboratory technicians, and so on. It is perhaps inevitable that the curative side of medicine should evoke the greatest popular appeal, nor could one legitimately ignore the great contributions to the health and happiness of the public made by the pioneers in medicine, surgery and obstetrics : but in 1951, at the turn of the half century, it may perhaps be pertinent to pause and reflect on the great debt which we of this generation owe to the pioneers in public health, preventive and social medicine, and sanitary science. Not all the skill of the practitioners and specialists, not all the devoted nursing care, not all the hospitals and nursing homes, could avert disaster to human health and happiness and prosperity, without those complementary basic achievements of environmental hygiene with which the present day community is now blest : pure water supplies, pure food supplies, proper drainage and sewerage facilities, cleansing and scavenging services, and the supervision of dwelling houses, shops, offices, factories and other places of employment. The standards of housing of the people is one which must give the sanitarian the greatest concern, having in mind not only the physical, but the psychological damage which cannot fail to result from overcrowded and insanitary conditions : but another, and too often neglected matter of the most vital interest to all, is that of atmospheric pollution from the numerous sources. The food and drink which we take into our bodies to maintain our vital functions are rigidly safeguarded by law, and one would be appalled at the thought of eating or drinking dirty or contaminated food : yet minute after minute, hour after hour, day and night, the vast majority of the people of these islands, are breathing into their bodies, dirty, vitiated and contaminated air, the effect of which can only be hurtful and which may well have the most disastrous and far-reaching consequences. In my view these questions of defective houses, deficiencies in housing and the subject of atmospheric pollution constitute the gravest present day dangers to the public health, and I would respectfully ask each member of this



Authority to direct seriously his or her attention to these problems. Time, thought, energy and money—of councillors and ratepayers alike—would indeed be very profitably expended to bring a solution nearer.

The following pages of Vital and other statistics speak for themselves, and a careful analysis reveals a generally satisfactory state of health of the population: but in conformity with my previous practice, I will endeavour to sum up the position in regard to the main statistical headings.

In the figures for Live Births and Birth Rates there have been no significant changes from 1950; there were 346 live births in all, of which 13 were "natural" children, giving a "crude birth rate" for the year of 15.9 per 1,000 population, as against 15.6 per 1,000 last year. If this rate be multiplied by the comparability factor supplied by the Registrar General, the figure becomes 15.7 per 1,000—very nearly that for England and Wales as a whole (15.5 per 1,000). The number of still births also remains at much the same figure as a year ago, being 8 in actual number, giving a Still Birth rate of 23 per 1,000 total live births, as compared with an "actual" of 7 and a rate of 20 per 1,000 last year. If calculated on a population basis, in the same manner as Live Births, the rate becomes 0.37 per 1,000—virtually the same as that for the whole country—0.36 per 1,000.

The Registered Deaths properly assignable to the district numbered 252 (261 in 1950), or a "crude death rate" of 11.6 per 1,000, and an "adjusted rate" of 12.5 per 1,000, as compared with 13.0 per 1,000 last year. The excess of live births over deaths is thus 94: in 1950 the figure was 82. Here again there has been no change of significant degree.

Dealing next with those very critical significant indices of community health standards, the infant death rate, neonatal death rate and maternal mortality rate, we find a welcome reduction in the two first mentioned, which for the current year show "actual" figures of 9 and 5, and rates of 26 per 1,000 and 14 per 1,000 live births respectively, as compared with rates of 41 per 1,000 and 26 per 1,000 last year. And once again we can record with satisfaction and thankfulness that no woman died as the result of illness complicating or associated with pregnancy—a great tribute to all concerned with ante natal care, family doctors, specialists obstetricians, medical officers, midwives and health visitors. Reverting to the infant death rate (and remembering that when dealing with relatively small numbers, rates and generalisations become of less significance) we may yet express some degree of satisfaction at this low rate of 26 per 1,000, which is the lowest yet on record for the district, and is less than one half the average quinquennial mean for the years 1946-1950, and better than the rate for the whole country of 29 per 1,000.

Considering next the general death rate, and the most frequent causes of death in the population generally, we find, as in previous years, that the group of diseases of the heart and circulation heads the list, with a total (excluding the cerebro vascular diseases or "Strokes") of 101 deaths: if we include the strokes, as essentially

we should, then the total rises by 29 to become 130, out of a total of 252 : or somewhat more than one half. Next in order of frequency—unusually, and displacing “cancer” from second place)—come the group of respiratory diseases (excluding respiratory tuberculosis) with a total of 42, a total this year swollen by 11 influenza and 18 pneumonia deaths, the great majority of which are attributable of course to the epidemic wave of Influenza in the early days of January. Next comes the cancer group, with a total of 27 : which brings the combined total in these three groups to 199, or approximately 80% of the total deaths.

Somewhat unusually, violence of varying type accounted for no fewer than 12, of which 1 was due to traffic accident, 8 to other forms of accident, and 3 to suicide. One cannot but feel sincerely concerned at the rather high proportion of “unnatural” deaths.

As mentioned above, Respiratory Tuberculosis accounted for 9 deaths, as compared with 5 in 1950 : but these figures are small and statistically insignificant on that account. No deaths occurred as the result of other types of tuberculosis.

The year 1951 has undoubtedly been a very unfortunate one in regard to a very heavy incidence of “infectious” notifiable illness, which even when excluding Tuberculosis cases totalled 772, over twice the number during 1950, and nearly 80% higher than the mean figure for the previous quinquennium. This unusually high total was mainly the result of an outbreak of measles in the Spring : the total notifications were 586 as compared with 63 a year ago, and the current figure is the highest yearly total on record in the district. It is, moreover, more than two and a half times the quinquennial mean for the previous five years. Some consolation may, however, be drawn from the reflection that there can be but very few children under 5 years of age residing in the District who have not now become immune as the result of an attack, and that the figure for 1952 must almost certainly be a low one.

In contrast to the high measles incidence was a marked reduction in whooping cough notifications, which were but 31, as compared with 221 in 1950, and a quinquennial mean figure of 123. Pneumonia, with 97 notifications, was thrice as prevalent as in 1950, and over twice the quinquennial mean for 1946-1950 : this “high,” of course, was directly associated with the influenza outbreak.

The number of notified new cases of Tuberculosis was 41, of which 38 were of respiratory, and 3 of non-respiratory type. This figure is a substantial increase over that for the previous year (24), but should not be regarded with undue concern because, as recorded elsewhere, one would expect more complete diagnosis and notification as the result of the activities in the district early in the year of an “M.M.R.” (Mass Miniature Radiographic) Unit of the Regional Hospital Board. It need not be stressed that such Units do indeed play a most important part in the prevention of tuberculosis by facilitating and enabling early diagnosis, and thus, early treatment.

Practically all of the 7 cases of dysentery were notified on clinical grounds, and were not confirmed bacteriologically. All were sporadic non related cases, and gave rise to no concern from the public health aspect,

No cases of diphtheria, poliomyelitis, enteric or enteric-group fevers, puerperal pyrexia or of ophthalmia neonatorum were recorded.

The principal improvements, from the standpoint of environmental hygiene, which the District requires are as follows :—a greater number of dwelling houses and the adequate repair and renovation of many existing dwellings ; the prevention of pollution of streams and watercourses ; the prevention of atmospheric pollution ; and the improvement of sanitational facilities in some of the older schools. On the side of more personal hygiene, undoubtedly a better dietary for all ages and classes of the population would have very beneficial long term effects, and do a great deal at the present time and in the immediate future to boost morale by giving rise to an enhanced sense of well being and positive health.

Because of the integration of the “ environmental ” and personal health factors, so essential and vital, one section of this report deals in detail with the work undertaken by the Local Health Authority’s “ Part III ” Services provided under the National Health Service Act 1946, the National Assistance Act 1948, and other Statutes.

During the current year, a special report was presented on the subject of the pollution of Millingford Brook, Ellams Brook, and consequently of the Newton Lake. The whole subject was reviewed comprehensively, and recommendations submitted. As copies were distributed at the time to all Members of the Authority it is not proposed (on the grounds of economy) to include this subject in this Annual Report : copies will, however, be submitted concurrently with this current Annual Report to the Ministries and Central Government Departments on the normal distribution list.

In conclusion, I should like to express to you, Madam Chairman, and to all Members of the Council, my appreciation of the great interest which you have taken in the work of your Health Department, and to express thanks, on behalf of the Department, for your help and support. Also, I would couple with this expression of thanks the Heads of the other Departments of the Authority, who have always shown the utmost goodwill and co-operation. And, finally, to Mr. Booth, Chief Sanitary Inspector, to Mr. Davies, the Additional Inspector, and to Mrs. Lightfoot, our efficient and ever willing clerical colleague, I offer my special and personal gratitude for their loyal, efficient and ever forthcoming support.

I have the honour to be,

Madam Chairman, Ladies and Gentlemen,

Yours obediently,

A. C. CRAWFORD,

Medical Officer of Health.



## 1. ENVIRONMENTAL CONDITIONS AND GENERAL INFORMATION.

The major portion of the district is truly urban in character, with a relatively small acreage of a rural character. It is "built up" with the homes of the people, with Shops, Offices, Workshops, Factories, Churches, Mission Halls, Clubs, Hotels and all the usual ancillary buildings which serve a civilised community. The main industries are Light and Heavy Engineering, Sugar Refining, Printing and Stationery manufacture, Bleaching, Dyeing and Calico Printing and Raincoat manufacture. As would be expected from the urban character of the district, agriculture plays only a very minor role in its activities.

## 2. STATISTICS—GENERAL.

Area in acres : 3,103.      Population (Census, 1951) : 21,862.  
(Estimated mid-1951) : 21,760.

Inhabited Houses : (Census, 1931) : 4,862.  
Rate Books (end 1951) : 6,403.

Rateable Value	....	....	....	£107,845
Sum represented by a penny rate	....			£410
Births assignable to District	....			346
Deaths assignable to District	....			252
"Natural Increase"	....	....		94

## 3. VITAL STATISTICS.

### Births :

<b>Live Births</b> 346.	Legitimate 333	Illegitimate 13
	Male 162	Male 4
	Female 171	Female 9

Live Birth Rate "Crude"—15.9      "Adjusted" 15.7

**Still Births** 8.      Male 6.      Female 2.

Still Birth Rate 23 per 1,000 total Live and Still Births.

### Deaths.

<b>General</b>	Male	Female	Death Rates	
252	139	113	"Crude" 11.6	"Adjusted" 12.5

The "adjusted" death rate is the "Crude" death rate after adjustment by a "comparability factor" supplied by the Registrar General.

**Infant Deaths** (Deaths of Infants under 1 year of age).

Total, 9      Male, 5.      Female, 4.      Infant Mortality Rate of  
    Legitimate Infants, 24  
    Infant Mortality Rate of  
    Illegitimate Infants, 77

Total Infant Mortality Rate, 26.

**Neo-Natal Mortality.** Deaths of infants under 4 weeks of age, 5  
    Mortality rate per 1,000 live births, 14

**Maternal Deaths.**

Nil.      Maternal Death Rate, Nil.

**COMPARATIVE STATISTICAL TABLES.**

Year	Live Births		Deaths (All Causes)		Stillbirths		Maternal Mortality		Infant Mortality			
	No. Regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 popu- lation	No. regis- tered	Rate per 1000 total blrths	No. of deaths regis- tered	Rate per 1000 total births	Total		Neo-natal	
									No. of deaths regis- tered	Rate per 1000 live births	No. of deaths regis- tered	Rate per 1000 live births
1951	346	*15.9	252	*11.6	8	23	nil	nil	9	26	5	14
1950	343	15.6	261	11.9	7	20	nil	nil	14	41	9	26
1949	357	16.5	234	10.8	9	25	nil	nil	20	56	—	—
1948	346	16.1	213	9.9	6	17	nil	nil	20	57	—	—
1947	399	18.7	264	12.4	16	38	1	2.40	23	57	—	—
1946	369	17.4	241	11.4	13	34	nil	nil	23	62	—	—
Avg 5 years 1946-50	—	16.9	—	11.3	—	27	—	0.54	—	55	—	—

\* Adjusted live birth rate (comparability factor 0.99)=15.7 per 1,000.

Adjusted death rate (comparability factor 1.08) =12.5 per 1,000.

# Comparison of Birth Rates, Death Rates and Analysis of Morbidity and Mortality with those for England and Wales.

						Newton-le-Willows		England and Wales
						1950	1951	1951
						Rate per 1,000 Population		
Births—	Live	...	...	...	...	15.6	15.7	15.5
	Still	...	...	...	...	0.31	0.36	0.36
Deaths—	All causes	...	...	...	...	11.9	12.5	12.5
	Typhoid and Paratyphoid Fevers...					0.00	0.00	0.00
	Whooping Cough	...	...	...	...	0.00	0.04	0.01
	Diphtheria	...	...	...	...	0.00	0.00	0.00
	Tuberculosis	...	...	...	...	0.23	0.41	0.31
	Influenza	...	...	...	...	0.00	0.50	0.38
	Small Pox	...	...	...	...	0.00	0.00	0.00
	Ac. Poliomyelitis and Encephalitis...					0.00	0.00	0.00
Pneumonia	...	...	...	...	0.63	0.82	0.61	
Notifications—								
	Typhoid Fever	...	...	...	...	0.00	0.00	0.00
	Paratyphoid Fever	...	...	...	...	0.00	0.00	0.02
	Meningococcal Infection	...	...	...	...	0.00	0.04	0.03
	Scarlet Fever	...	...	...	...	0.90	1.50	1.11
	Whooping Cough	...	...	...	...	10.45	1.42	3.87
	Diphtheria	...	...	...	...	0.00	0.00	0.02
	Erysipelas	...	...	...	...	0.63	0.73	0.14
	Small Pox	...	...	...	...	0.00	0.00	0.00
	Measles	...	...	...	...	2.86	27.39	14.07
	Pneumonia	...	...	...	...	1.36	1.42	0.99
	Ac. Poliomyelitis (Paralytic)	...	...	...	...	0.09	0.00	0.03
	(Non-Paralytic)	...	...	...	...	0.00	0.00	0.02
	Food Poisoning	...	...	...	...	0.00	0.00	0.13
						Rate per 1,000 Live Births		
Deaths—	All causes under 1 year of age	...			...	41.	26.	29.6
	Enteritis and Diarrhoea							
	Under 2 years of age	...			...	0.18	0.00	1.4
						Rate per 1,000 Live & Still Births		
Maternal Mortality—								
	Abortion with Sepsis	...	...		...	0.00	0.00	0.09
	Abortion without Sepsis	...	...		...	0.00	0.00	0.05
	Hæmorrhage of pregnancy							
	and delivery	...			...	0.00	0.00	0.13
	Sepsis of Childbirth and the							
	puerperium	...			...	0.00	0.00	0.10
	Toxæmias of pregnancy and							
	the puerperium	..			...	0.00	0.00	0.24
	Other complications of the							
	puerperium	...			...	0.00	0.00	0.18
Notifications—								
	Puerperal Fever and Pyrexia	...			...	0.00	0.00	10.66



The ward distribution of the live births was :—

Wards.					Males.	Females.	Total.
Town Hall	....	....	....	....	11	11	22
Viaduct	....	....	....	....	18	19	37
Crow Lane	....	....	....	....	19	34	53
Newton	....	....	....	....	11	10	21
Wargrave	....	....	....	....	28	21	49
Born in and belonging to the District....					87	95	182
Born outside but belonging to the District					79	85	164
					166	180	346

**Deaths.**—The total number of deaths registered in the District was 171. Six of these were non-residents, and have been transferred to the districts in which they usually resided. 87 residents of this area died in other districts.

The distribution of the deaths was :—

Wards.					Males.	Females.	Total.
Town Hall	....	....	....	....	29	26	55
Viaduct	....	....	....	....	34	25	59
Crow Lane	....	....	....	....	22	21	43
Newton	....	....	....	....	22	16	38
Wargrave	....	....	....	....	32	25	57
					139	113	252

An analysis of the causes of death is shown below :—

Causes of Death.				Male.	Female.	Total.
Respiratory Tuberculosis	....	....	4	....	5	9
Whooping Cough	....	....	1	....	—	1
Malignant Neoplasm—Stomach	....	....	7	....	3	10
Lung, Bronchus	....	....	1	....	1	2
Breast	....	....	—	....	2	2
Uterus	....	....	—	....	2	2
All other sites	....	....	8	....	3	11
Infective and Parasitic Diseases	....	....	1	....	—	1
Vas. Lesions of Nervous System	....	....	14	....	15	29
Coronary disease, angina	....	....	16	....	9	25
Hypertension with heart disease	....	....	5	....	2	7
Other heart disease	....	....	31	....	25	56
Other circulatory diseases	....	....	8	....	5	13
Influenza	....	....	2	....	9	11
Pneumonia	....	....	10	....	8	18
Bronchitis	....	....	8	....	3	11
Other respiratory diseases	....	....	1	....	1	2
Ulcer stomach and duodenum	....	....	—	....	1	1
Nephritis and nephrosis	....	....	4	....	3	7
Congenital malformations	....	....	2	....	1	3
Other defined or ill defined diseases	....	....	9	....	10	19
Motor vehicle accidents	....	....	1	....	—	1
All other accidents	....	....	4	....	4	8
Suicide	....	....	2	....	1	3
All causes				139	113	252

## 4. SANITARY CIRCUMSTANCES OF THE AREA.

### Water Supplies.

The District's water supply continued to be obtained chiefly from the deep wells at the Council's Southworth Road Works, and Makerfield Borehole.

The borehole has still to be completed by lining, and by the provision of holding tanks to ensure sufficiency of contact time for chlorination purposes.

The water is of a high degree of purity and, though very hard, is also very satisfactory chemically.

11 bacteriological examinations of the raw water, and 27 of the water going into supply after treatment, were made and were all highly satisfactory. The same applied to 1 chemical analysis of the raw water.

6,401 dwelling houses, housing a population of 21,752 persons, are supplied with water from public mains. 2 houses with a total of 8 occupants, draw supplies from private wells and springs.

All new houses have been connected to the town's water mains.

### Food—Inspection and Supervision of Supplies.

#### (a) Milk Supply.

Supervision of the distribution of Milk was continued and the following action was taken in relation to :—

	No. of samples	No. satisfactory	No. unsatisfactory
(a) Raw Milk.			
(i) Tuberculosis—			
biological tests	.... 29	.... 27 (T.B. neg.)	.... 2 (T.B. pos.)
(ii) Methylene Blue			
reduction test	.... 38	.... 35	.... 3
(b) " Heat Treated " Milk.			
(i) Phosphatase test	.... 45	.... 45	.... Nil.
(ii) Turbidity test	.... 7	.... 7	.... Nil.
(iii) Methylene Blue			
reduction test	.... 45	.... 42	.... 3
(iv) Tuberculosis	.... 6	.... 6 (T.B. neg.)	.... Nil.

#### (b) Meat and Other Foods.

All meat retailed in the district continued to be supplied by the Ministry of Food from the Leigh distribution centre.



Except for occasional slaughter by pig-keepers of their own pigs for home consumption no slaughtering took place within the district.

All premises used for food preparation, butchers, grocers, ice cream manufacturers and vendors, bakehouses, etc., were kept under observation and inspected regularly.

No case of food poisoning was notified.

### (c) Adulteration.

The Council is a Food and Drugs Authority and your Sanitary Inspectors are Sampling Officers.

34 informal and 28 formal samples were taken and submitted to the Public Analyst, County Offices, Preston.

#### Informal.

Article.	Number taken
Milk ....	17
Old English Sherry ....	1
Beef Tongue and Ham Paste ....	1
Vermicelli ....	1
Currants ....	1
Cheese Spread ....	1
Curry Powder ....	1
Garden Mint in Vinegar ....	1
Coffee ....	1
Pastry Mix ....	1
Short Bread Mixture ....	1
Bicarbonate of Soda ....	1
Ground Ginger ....	1
Rice ....	1
Borax ....	1
Mustard ....	1
Self Raising Flour ....	1
Custard Powder ....	1
	<hr/> 34

#### Formal.

Article.	Number taken
Milk ....	25
Whisky ....	2
Pork Sausages ....	1
	<hr/> 28

**Rivers and Streams.**—Pollution of the several main streams running through the district from Ashton, Golborne, Haydock and St. Helens continues to varying degrees.

**Drainage and Sewerage.**—Extensions have been made to all new houses. Construction of the Sankey Valley trunk sewer proceeded and it now extends to its northerly limit, although connections to this district will be delayed until completion of the lower end of the sewer and the sewage works.

## 5. HOUSING.

1,800 houses are owned by the Council, of which 554 have been built in the post-war period.

During the year 80 traditional permanent houses have been erected by the local authority and 12 by other bodies or persons.

One scheme of 82 houses was in hand at the end of the year, and two further schemes of 20 and 16 houses respectively were in course of preparation.

The number of houses needed to relieve the shortage, can only be estimated. Approximately 100 houses are needed to replace unfit dwellings ; 30 for overcrowded families ; and 450 for families living in other unsatisfactory conditions.

The types of house built between 60 to 120 years ago, are generally of sound construction but lacking amenities such as food stores, hot water, coal and other storage accommodation, as well as being below bye law standard in varying degrees.

There is also a number of cottages, with ages ranging from 150 to 300 years, which have nothing to recommend them except that they are picturesque and kept in reasonable repair.

Back to back houses are 2 in number ; back to earth houses 1 ; and single type (blank rear wall) number 3.

### Housing Act, 1936—Part IV—Overcrowding.

(a)	(i)	Number of dwellings overcrowded at end of year	....	34
	(ii)	Number of families dwelling therein	....	44
	(iii)	Number of persons dwelling therein	....	281
(b)		Number of new cases of overcrowding discovered during		
		year	....	14
(c)		Number of cases of overcrowding relieved during year		10
		Number of persons concerned in such cases	....	96

**Closet Accommodation.**—Every privy and pail in the district has been converted to the water carriage system, except the few which are beyond reach of a sewer, are below sewer level, or are isolated by streams, railway lines, or the canal.

Number of privy middens	....	34
Number of closets attached to these middens....		46
Number of pail closets	....	35
Number of chemical closets	....	5
Number of houses on water carriage system	....	6,317

There are no waste water closets and no dry ashpits in the district,

**Public Cleansing.**—A weekly collection of house refuse and salvage by motor vehicles, and disposal of the former by controlled tipping are supervised by the Sanitary Inspector.

No regular cleansing of cesspools is undertaken.

Scavenging, snow removal, gully emptying, etc., are carried out by the Surveyor's department.

## SECTION 6.

### PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Hospital facilities for the treatment of cases of infectious disease were provided at the Infectious Disease Hospital, Warrington.

#### **Hospital Admissions.**

Isolation and treatment in hospital was provided in the Infectious Diseases Hospital, Warrington, for 25 cases, principally of Scarlet Fever.

#### **General Incidence.**

As noted in the preface to this Report, the incidence of Measles constituted a new high record at 586 cases: the highest since the disease first became notifiable in 1940. The previous highest was 552 in 1943. The current year's total is more than two and a half times the mean for the previous quinquennial period, and is in fact well over twice the yearly average since notification of this disease was introduced in 1940.

I estimate that almost every child under the age of 5 years—(the age group showing by far the highest incidence of measles generally)—has now been immunised by an attack, and think it unlikely that a similar high incidence will occur until 1953 or 1954 at the earliest.

Notifications throughout the country generally were also the highest ever recorded since notification was introduced.

As has been the case in other districts, the incidence of Whooping Cough (31 cases) has been much reduced. One fatality resulted. It is sincerely to be hoped that current research into the production of an effective and safe vaccine for use in prophylaxis will soon be successful, and so enable a firm lead to be given to immunisation schemes similar to that used in combatting Diphtheria.

In common with many surrounding County Districts, and contiguous County Boroughs, we suffered the sudden wave of Influenza which affected initially the Merseyside and North East Coast port areas, to which apparently it was introduced from the Scandinavian countries. This was a "Type A" virus, and although neither so

widespread, nor so toxic and disastrous as the "Type A" of the "Spanish Flu" epidemics in 1917 and 1918, the virulence was sufficient to cause widespread incapacity, serious illness in some, and death to a small number of people. It was stated verbally by Executive Officers of the Ministry of National Insurance that sickness benefit claims numbered from five to six times the usual average for the months of January in normal years: and certainly the absence from employment of large numbers did temporarily (for a period of about 2—3 weeks) affect industrial production. School attendances were not reduced to the same extent, as the Christmas holidays were still in being when the main influenzal assault was felt.

The epidemic began to wane locally about the end of the second and the beginning of the third week in January, and generally speaking by the end of the month no further cases were occurring, and the out-break had lost both its impetus, and its emphasis in the minds of the populace.

Pneumonia accounted for 97 notifications and for 18 deaths, mainly among children and old people. Despite the advent of the newer drugs and antibiotics, it still remains a disease to be reckoned with seriously.

Erysipelas notifications have risen slightly from 14 to 16, a figure which gives an incidence rate relatively and significantly higher than those for contiguous districts. It is very difficult to appraise the reason for this discrepancy, and for the rising trend in incidence, during the last five years, which has followed a relatively low incidence during the previous quinquennium, and which, in turn, followed a decade when the number of cases was much higher, of the order of 12—20 annually. It seems curious that during the war period the apparent frequency of this disease should be so much less than during years of peace; there is of course always the possibility that notification during these may not have been so complete as in peace time.

The total of poliomyelitis cases was nil. No confirmed cases of Diphtheria occurred, the fourth successive year when this has been the case, nor was there any case of puerperal pyrexia, puerperal fever, ophthalmia neonatorum, small pox, nor enteric group fever.

Tuberculosis. There has been some increase in the total number of cases notified in 1951 (41) from that in 1950 (24) and the number of fatal cases has also shown an increase, a total of 9 deaths as compared with 6. The site distribution of these infections, however, has shown some change; whereas in 1950, the number of respiratory infections was 21, the number for 1951 has been 38. During the year the Mass Radiography Unit has again been operating in the district and this, no doubt, has revealed many cases which otherwise would have remained undiagnosed. The number of Registered cases of Tuberculosis at 31st December, 1951 was 128, comprising 96 respiratory and 32 non-respiratory cases.



Notifiable Diseases	Total cases Notified											Hospitals	
	Age Groups											Total cases removed to Hospital	Deaths in hospital of persons belonging to district
	Total cases at all ages	Under 1	1 +	3 +	5 +	10 +	15 +	25 +	45 +	65 and over	Age un-known	Total deaths	
Scarlet Fever ...	34	—	3	7	18	3	2	1	—	—	—	17	—
Measles ...	586	20	142	229	191	3	1	—	—	—	—	7	—
Whooping Cough...	31	8	6	11	6	—	—	—	—	—	—	—	—
Ac. Pneumonia ...	97	2	3	4	6	2	5	11	35	28	1	18	9
Erysipelas ...	16	—	—	—	—	1	—	—	6	9	—	1	—
Meningococcal Inf.	1	1	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	7	—	2	2	—	—	—	1	2	—	—	—	—
Totals ...	772	31	156	253	221	9	8	13	43	37	1	20	9

## Comparison of Principal Infectious Diseases, 1947-1951.

Disease	1947	1948	1949	1950	1951
Diphtheria ....	2	Nil.	Nil.	Nil.	Nil.
Scarlet Fever ....	34	67	89	20	34
Measles ....	231	219	314	63	586
Whooping Cough ....	54	195	67	221	31
Pneumonia ....	51	50	23	30	97
Ac. Poliomyelitis ....	5	Nil.	2	2	Nil.
	377	531	495	336	748

Distribution of Infectious Diseases	Town Hall	Viaduct	Crow Lane	Newton	Wargrave	Total
Measles ...	132	78	179	67	130	586
Whooping Cough ...	3	2	9	11	6	31
Erysipelas ...	4	3	1	1	7	16
Scarlet Fever ...	5	1	6	9	13	34
T.B. Lungs ...	9	7	10	4	8	38
T.B., other forms ...	—	—	—	1	2	3
Pneumonia, Primary ...	22	20	21	13	21	97
Meningococcal inf. ...	1	—	—	—	—	1
Dysentery ...	—	—	2	2	3	7
Totals ...	176	111	228	108	190	813

## Tuberculosis.

New cases and Mortality during 1951 :—

Age Periods				New Cases				Deaths			
				Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
Years				M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...	—	—	—	—	—	—	—	—
1	...	...	...	—	1	—	—	—	—	—	—
5	...	...	...	—	—	—	—	—	—	—	—
10	...	...	...	—	1	—	1	—	—	—	—
15	...	...	...	3	2	1	1	—	1	—	—
20	...	...	...	2	2	—	—	—	1	—	—
25	...	...	...	3	4	—	—	—	1	—	—
35	...	...	...	6	3	—	—	1	2	—	—
45	...	...	...	2	4	—	—	—	—	—	—
55	...	...	...	3	—	—	—	3	—	—	—
65 and upwards	...	...	...	2	—	—	—	—	—	—	—
				21	17	1	2	4	5	—	—
Totals	...	...	...	38		3		9		—	

## SECTION 7.

### FACTORIES ACTS, 1937 AND 1948.

#### Part 1 of the Act.

- (1) Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors) :

Premises (1)	Number on Register (3)	Number of		
		Inspections (4)	Written notices (5)	Occupiers prosecuted (6)
(1) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	6	14	—	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	49	63	—	—
(3) Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises) ...	3	8	—	—
Totals ... ..	58	85	—	—

(2) **Cases in which Defects were found.**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more " cases " ).

Particulars  (1)	No. of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	remedied (4)	Referred :		
			To H.M. Inspector (5)	By H.M. Inspector (6)	
Want of cleanliness (S.1)	3	3	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	1	1	—	—	—
Sanitary conveniences (S.7) ... ..					
(a) insufficient ...	1	1	—	1	—
(b) unsuitable or defective... ..	2	2	—	—	—
(c) not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ... ..	—	—	—	—	—
Total ... ..	7	7	—	1	—



## **SECTION 8.**

### **PROVISION OF GENERAL HEALTH AND ANCILLARY SERVICES IN THE DISTRICT.**

#### **(1) Laboratory Arrangements.**

##### **Public Health Laboratory Service and County Analyst's Department.**

Pathological specimens for bacteriological analysis may now be dealt with by the Public Health Laboratory Service at its Monsall Laboratory, Monsall Green, Near Manchester, or alternatively at the Public Health Laboratory, Mount Pleasant, Liverpool. Samples of food and drugs for analysis are submitted to the County Analyst's Department at Preston, whilst as regards water supplies, the arrangements previously in force with Messrs. Melling & Arden, Manchester, have been continued.

#### **(2) Hospital Arrangements.**

##### **(Liverpool Regional Hospital Board: Warrington & District Hospital Management Committee).**

As regards hospitals the District lies within the boundaries of the Liverpool Regional Hospital Board, which administers Newton-le-Willows War Memorial (General) Hospital in Bradlegh Road, Wargrave, with a nominal establishment of 10 beds. The former Isolation Hospital closed since its transfer to the Ministry and the Regional Hospital Board has now been re-opened in part and is undergoing alterations and re-equipment.

The great majority of persons requiring both general out-patient and in-patient investigation and treatment are dealt with by the Warrington Infirmary and by the General Hospital, Warrington, whilst cases of infectious disease requiring isolation are admitted to the Isolation Hospital, Aiken Street, Warrington.

Expectant mothers requiring to be confined otherwise than in their own homes, whether on medical, obstetrical or environmental grounds, are normally admitted either to the maternity wards of the General Hospital, Warrington (if obstetrical complications are likely) or to the Victoria Park, Maternity Home, Latchford, Warrington.

Child patients requiring attention in Children's Hospitals are admitted to the Royal Liverpool Children's Hospital, Myrtle Street, Liverpool, and to the Royal Manchester Children's Hospital, Pendlebury, Manchester: and to the Leasowe Children's Hospital, Leasowe, Wirral, and the Biddulph Grange Orthopaedic Hospital, Biddulph, Near Congleton, when specialised Orthopaedic care is indicated.

### (3) Ambulance Arrangements.

#### Local Health Authority Services (No. 10 Health Division, Lancashire County Council).

Full responsibility for the management and operation of the Ambulance Service was assumed by the County Ambulance Service as from 1st February, 1949, and the district is fortunately placed in containing a County Ambulance Station, sited, in conjunction with the Fire Station, in Gas Street, Earlestown (Telephone Newton-le-Willows 3134), from which three "stretcher" ambulances and two "sitting-case" cars have operated on behalf of all types of cases, i.e., emergency, infectious disease, and general.

There has been a very considerable increase in the public demand for ambulance transport, as is shown by the subjoined summary of cases conveyed from the Urban District. The Earlestown Ambulance Station, of course, serves other parts of No. 10 County Health Division also.

#### Summary of Cases Conveyed.

Emergency Cases, 630; General Cases, 4,443; Infectious Cases, 46;  
Total, 5,119.

### (4) Treatment Centres and Clinics.

Maternity and Child Welfare Clinics are held weekly at Latham House, Cross Lane, on Monday and Tuesday afternoons, and an Ante-Natal Clinic each Wednesday morning. Attendances at these sessions have been well maintained throughout the year, as is shown by the following figures :—

#### Child Welfare Centre, Latham House.

Assistant Divisional Medical Officer—Dr. E. A. Lumley (Tuesday afternoon session).

Health Visitor in Charge

—Miss I. Heap.

	No. of children in attendance.		No. of attendances.	
Age under 1 ....	....	503	....	7,008
1—2 years ....	....	105	....	1,284
2—4 years ....	....	111	....	737
		<hr/>		<hr/>
		719	....	9,029
		<hr/>		<hr/>

No. of individual expectant mothers

attending C.W.C. .... 4.

No. of attendances .... 7.

### **Ante-Natal Clinic, Latham House.**

Consultant Obstetrician—Mr. Gordon Millington.

Visiting Medical Officer—Dr. Marshall.

Health Visitor in Charge—Miss I. Heap.

No. of individual women attending, 217; No. of attendances, 766.

### **School Clinic, The Gables, Crow Lane West.**

**General.** The work at this Clinic has continued, although not perhaps to quite the same extent as formerly, owing to the changes brought about by the National Health Service Act, whereby the general medical care and treatment of the school child becomes the responsibility of the family practitioner who has accepted the child on his list. Such advice and treatment by the practitioner is of course now given without cost to the parent, as was not formerly the case.

Both general medical and specialist sessions are held, as detailed below :—

Assist. Divisional School Medical Officer—Dr. E. A. Lumley.

School Nurse and Health Visitor—Miss Forshaw.

Assist. Divisional Medical Officer's Session each Friday morning during school term.

Nurse's re-dressing, etc., session each Wednesday morning during school term.

### **Dental.**

No dental services were available to school children or expectant and nursing mothers, as it was found impossible to obtain the services of a Dental Officer.

### **Ophthalmic.**

Ophthalmologist—Mr. Barker.

School Nurse in attendance—Miss A. Forshaw.

Sessions held weekly each Monday morning.

The Ophthalmic Surgeon may only be consulted by appointment.

## **Orthopaedic.**

Orthopaedic Surgeon—Mr. Almond.

Orthopaedic Nurse—Miss Graham.

The Orthopaedic Surgeon attends one half day session monthly, seeing both new and old cases by appointment: the Nurse attends one whole day weekly, for the purpose of supervising the treatment prescribed, for adjustment of splints, etc., and for the tuition of remedial exercises to improve defects and deformities in posture, stance, feet, etc.

### **(5) Midwifery Arrangements.**

Four whole-time salaried Midwives are employed by the Local Health Authority for the purpose of conducting domiciliary confinements either as midwives (when assuming sole responsibility for the delivery) or as maternity nurses (when assisting at delivery, etc., in conjunction with a doctor). Each midwife possesses a car in order to enable her to respond speedily to urgent calls, and to transport her anaesthesia apparatus.

Names and addresses of these Midwives are as follows :—

Mrs. S. E. Butler, 46, Kingsway, Wargrave, Newton-le-Willows ;

Mrs. E. A. Howard, 89, Birley Street, Newton-le-Willows ;  
Resigned 6/10/51.

Mrs M. Stead, 9, Heald Street, Newton-le-Willows ;

Mrs. A. Whittle, 70, Cross Lane, Newton-le-Willows.  
Resigned 31/10/51.

Consequent on the resignation of these two ladies, two relief midwives from the Central County Council Pool have now undertaken their duties.

No private midwife practises in the District, so that these ladies were responsible for attendance on the 184 domiciliary confinements which took place during the year. The fact that there were no cases of puerperal pyrexia or fever, and no maternal deaths associated with child birth, is surely the highest tribute to the skill and care bestowed on the parturient mothers.

### **(6) Health Visiting Arrangements.**

This work has been carried out by two whole-time and fully trained Health Visitors (who combine with Health Visiting duties those of School Nurse), and by one part-time Health Visitor: these domiciliary visits, so necessary from the standpoint both of the supervision of the children and the health education of the families, are of course, complementary to the work carried out at the Child Welfare Centre,



as described above. The names and addresses of the Health Visitors engaged are :—

Miss I. Heap, Maynard, Belvedere Road, Earlestown ;  
Miss A. Forshaw, Shotley Mount, Newton Road, Lowton ;  
Mrs. M. Parker (Part-time), Higher Astley, Vitriol Square,  
Earlestown.

### **(7) Home Nursing Arrangements.**

Home nursing is undertaken by three whole-time nurses who formerly practised as " District Nurses " and who continue their beneficent roles in the homes of the sick. The demand for their services has grown very considerably during the year, and although part-time relief nurses have also assisted from time to time, a further extension of the staff is contemplated in the near future.

The names and addresses of the Nurses are :—

Mrs. M. M. Charnley, 3, Park Avenue North, Newton-le-Willows ;  
Miss H. Culhane, 55, Market Street, Newton-le-Willows ;  
Miss D. Johnson, 38, High Street, Newton-le-Willows.

### **(8) Home Help Arrangements.**

This is a " permissory " service provided by the County Council through the No. 10 Divisional Health Committee, and is one which is not necessarily provided free of cost to the public. Its aim is to provide domestic help when required by reason of the presence in a household of sickness, maternity, mental deficiency, or to assist in the care of a child or children. The service has expanded during the year in question, as the public have become more fully aware of the facilities provided.

The Home Helps engaged are all part-time " helps "; no whole-time workers are employed. The Home Help Organiser and Welfare Worker, Miss P. Butler, is responsible for the immediate day to day operation of the scheme and is of course one of the Divisional Medical Officer's Staff. She also has considerable responsibilities for Welfare Services under the National Assistance Act, 1948, which will become more and more pressing as envisaged and approved Welfare Schemes are implemented.

### **(9) Mental Health Arrangements.**

The district is covered for this purpose by the Duly Authorised Officer of No. 10 Health Division and by a lady Mental Health Worker, who deal with the various aspects of mental health, including all cases

in which investigation, supervision and appropriate action is required under the Lunacy Acts, Mental Deficiency Acts and the Mental Treatment Act. The names and addresses of these officers are :—

Mr. P. D. Parker, 12, Kenyon Lane, Lowton, Near Warrington ;

Miss M. Hargan, Divisional Health Offices, The Old Rectory,  
Winwick.

#### **(10) Arrangements for the Prevention of Illness, Care and After-Care, (including Tuberculosis), and the provision of Convalescent Accommodation.**

Responsibility for the above rests with the Local Health Authority partly on an obligatory and partly on a permissive basis : “ illness ” includes mental defectiveness. The scope of such arrangements is very wide, and includes all the methods of health education and propaganda relating to health matters, health visiting in the homes, including those of persons suffering from Tuberculosis, the provision of nursing and ancillary equipment, the after-care of patients who have suffered from illness either at home or in hospital, and the provision of convalescent accommodation and rehabilitation where this is required, to enable those recently sick to regain full health and strength.

The Tuberculosis Health Visitor for the District is Miss Webster, who maintains supervision of patients in their homes, and arranges for their examination or re-examination, and for that of contacts (including X-ray investigation) at the Chest Clinic (formerly the Tuberculosis Dispensary) at St. Helens, a branch of the main area Chest Clinic at Waterloo, Liverpool, administered by the Liverpool Regional Hospital Board.

As regards Health Education—(a very important and essential factor in the prevention of illness)—it is pertinent here to emphasize that although some responsibility for this section of preventive medicine may be accepted (as has been the case) by the Local Health Authority, the permissive power of the Council as a Local Sanitary Authority to carry out measures of health education under Section 179 of the Public Health Act, 1936, is still extant, and should, in my view, continue to be exercised.

#### **(11) Vaccination and Immunisation Arrangements.**

Vaccination and Immunisation against Diphtheria are available to all who desire it, either through the family doctor, who carries it out as part of his duties to the patient, or by attendance at the monthly immunisation sessions held at the Child Welfare Centre, Latham House, where this work is carried out by the Assistant Divisional Medical Officer.

As regards the immunisation position, there are no grounds for complacency, whilst the vaccination state is, to my mind, deplorable and potentially dangerous.

During the year a total of 301 children under 15 years of age, completed a full course of immunisation, of which 251 were under the age of 5 years, and 131 were infants under 12 months old. In addition to the above, 6 persons over the age of 15 years also completed a full course of immunisation, making a grand total of 313.

The percentage proportion of the estimated child population under the age of 15 in an immunised state as at 31st December, 1950, was 57% as against a figure of 59% for the child population in Health Division 10 as a whole.

In contrast to the above, only 55 children and 13 adults underwent primary vaccination (all but three successfully) whilst 46 adults were re vaccinated. If one deducts from the total of 343 live births belonging to the District in 1950, the 9 infant deaths, this means that out of the 334 survivors, only 46 were vaccinated ; or 1 every 8 children. Although an improvement on the 1950 ratio of 1 in 11, this can only be regarded as an unsatisfactory state of affairs, and one likely to become even more serious as the older and better protected age groups become fewer with the passing of the years.

## **9. THE CHILDREN ACT, 1948.**

In the main, this Act provides for the care and welfare of children and young persons up to the age of 18 years, who for one reason or another are deprived of normal home life, and it thus has an important bearing on the mental and physical health of such children.

The County Council, which is the Local Authority for the purposes of the Act, exercises its functions through its Children's Committee and the Children's Officer, who is responsible to the Committee for the efficient administration and day to day operation of the Service, which is carried out on a regional or area basis.

The Newton Urban District lies administratively within the purview of the Area Children's Officer of the Huyton Area, who is assisted by Children's Social Workers, the latter being responsible for all matters relating to "deprived" children, e.g., the provision of accommodation, the inspection and report on prospective foster homes, infant life protection, supervision of adopted children during the probationary period, the care and conveyance to suitable "places of safety" of children committed by the Courts to the care of the Authority as a "fit person" under the provisions of the Children and Young Persons Act, 1933, and so on.

The Area Children's Officers and their Visitors work in close co-operation with the Divisional Medical Officers and their staffs, and I am happy to say that in this District (included in No. 10 Health Division), the relationship is most effective and cordial.

The Wigan Area Children's Officer is :—

Mr. S. H. Pitt, Nutgrove Villa, 76 Derby Road, Huyton,  
Liverpool ;

and the children's Visitor for the Urban District is :—

Miss J. W. Cole, Nutgrove Villa, 76 Derby Road, Huyton,  
Liverpool.

## 10. NATIONAL ASSISTANCE ACT, 1948.

So far as the Urban District is concerned, the Local Authority carrying responsibility for the implementation of Parts III and IV of this Act is the County Council, and the administrative machinery, in this case, also, is on the divisional basis. The main provisions of Part III relate to accommodation for persons who, by virtue of circumstances which could not reasonably have been foreseen, are without lodging, and to Welfare Services in general for persons handicapped by infirmities such as Blindness, Deafness, Dumbness, crippling physical defects, and other disabilities.

The approved scheme of the County Council in regard to welfare utilises very fully the services rendered by the various voluntary agencies already in existence prior to this legislation.

Section 47 of the Act places on the Local County District Council responsibility for making application to a Court of Summary Jurisdiction for an Order to secure the removal to a suitable hospital or other institution of any aged and infirm person who is unable to devote to himself proper care and attention, and is not receiving such from other persons. The application is made following certification by the Medical Officer of Health that such removal is necessary. No action under this Section was required during the current year.

Section 50 of the Act is of importance in that it places on this County District Authority the duty of arranging for the burial or cremation of the body of any person who has died or been found dead within the district when "it appears to the Authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the Authority."



## REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1951.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year ending 31st December, 1951.

The work of the department has proceeded satisfactorily, unhampered by changes in staff, and assisted by the continued interest and co-operation of all members and officers of the Council.

Much of the work is carried out unobtrusively and its progress, variety, and scope can only be appreciated by careful perusal of the monthly reports which, for the sake of brevity rather than for lack of material, are mainly statistical.

### 1. General Sanitation.

#### (a) Water Supply.

Samples of water were taken each month at each of the Council's waterworks and at consumer's taps. These were submitted for bacteriological examination and, with one exception, were reported to be highly satisfactory. The odd sample was taken from a consumer's tap following a complaint of dirty water, and it was reported that this sample was not satisfactory for a chlorinated supply. Immediate check samples for both chemical analysis and bacteriological examinations resulted in the usual highly satisfactory reports.

Investigation revealed that repairs had been carried out to a damaged water main and it is probable that contamination had been introduced during the course of the work and that subsequently the main had been inadequately chlorinated.

The water from the only private sources of domestic supply in the district were also sampled and all three were found to be unsatisfactory. Two wells have been closed and the other supply, from a spring, is being sterilised by boiling pending decision on demolition or on repair and improvement of the house including provision of permanent means of sterilisation of the water.

#### (b) Piggeries.

The Defence Regulation which waived the bye-law requirements regarding piggeries to encourage production of food, was superseded during the year by the Allotments Act. A special report on piggeries was submitted to the Health Committee, and two which contravened the Bye-laws with respect to distance from dwellings were abolished.

### **(c) Rodent Control.**

In accordance with the requirements of the Ministry of Agriculture, all premises were inspected regularly and treatments carried out where necessary. Charges were made for treatments carried out at business premises, but a free service was provided for dwelling houses.

Ten per cent. of the sewer manholes were test baited early in the year and treatments were carried out in April and October.

Co-operation with the Ministry of Agriculture, the County Agricultural Committee, and neighbouring authorities has continued to be satisfactory.

### **(d) Common Lodging House.**

The condition of the common lodging house has been only fair, but washing facilities have been improved, repairs to the structure carried out, and cleanliness and adequacy of the bedding have been bettered. Further improvement was needed and was in hand.

### **(e) Factories and Workshops.**

Routine inspections of Factories and Workshops were made and conditions were generally very satisfactory, only minor matters requiring adjustment.

By arrangement the department undertook the certification of means of escape in case of fire under Section 34 of the Factories Act, 1938. Alterations were necessary at 7 factories and 3 were outstanding at the end of the year.

## **2. Housing.**

Housing continued to demand the greatest attention and, for many years, has yielded the least satisfaction of any branch of the work. Basically the causes were the shortage of new houses and rent restrictions.

### **(a) Nuisances.**

Repairs continued to be effected through the provisions of the Public Health Act rather than those of the Housing Act. Apart from the natural reluctance of owners to spend more than the income from the property on repairs, delays in effecting repairs seemed to be due less to shortages of materials and more to lack of sufficient labour—a possible indication that the building labour force of this district was more concentrated on the house building programme.

### **(b) Unfit Houses.**

Approximately 150 inhabited houses in the district are beyond repair at reasonable expense and should be demolished. No programme to deal with this problem was possible until the latter months

of the year when the Council decided on a revision of the "points scheme," which included provision for the tenants of unfit houses. The decision was received with great appreciation and 19 individual unfit houses were being considered for demolition at the end of the year.

### (c) **Overcrowding.**

The Council also decided that cases of overcrowding due to growth of tenant's families should be considered for re-housing. 25 such cases exist and, as the bedroom standard of re-housing accommodation was abolished by the Housing Act, 1949, 13 of these can be abated by re-housing in the standard three-bedroomed houses now being built. 14 cases of overcrowding were found; 10 were abated, and the total cases remaining at the end of the year was 34.

## **3. Food and Food Hygiene.**

Premises at which food was handled, prepared, stored, or sold, were visited at intervals and generally were of a satisfactory standard.

### (a) **Milk Supply.**

Routine and special visits were made and registration and licences were granted as follows :—

Number of Distributors of Milk registered and operating from :—

(i)	Dairies in the district ....	6
(ii)	Dairy farms in the district ....	7
(iii)	Shops in the district other than dairies ....	46
(iv)	Premises outside the district ....	9

### **Milk (Special Designation) (Raw Milk) Regulations 1949.**

No. of dealers' licences (including supplementary licences) issued during 1951, in respect of Tuberculin Tested Milk 13

### **Milk (Special Designation) (pasteurised and Sterilised) Regulations 1949.**

No. of licences issued in respect of "Heat treated" milk.

Pasteurising plants .... 1

Retail Distributors :—

(i)	Pasteurised ....	23
(ii)	Sterilised ....	45

A new dairy incorporating pasteurising plant, was completed and commenced operation during the year. The plant was very satisfactory and its operation has resulted in reduction of the quantities of loose and undesignated milks on sale within the district to very minute proportions.

Improved lighting and ventilation were provided at another dairy.

(b) **Meat and Other Foods.**

The following items were inspected and found to be unfit for human consumption. All were surrendered voluntarily for destruction :—

**Foodstuffs condemned :—**

Nature.					Quantities.		
					Cwt.	qrs.	lbs.
Butter	....	....	....	....	—	1	2
Ham	....	....	....	....	—	—	3
Ham	45 tins	....	....	....	6	—	2
Meat	44 tins	....	....	....	2	2	11
Fish	15 tins	....	....	....	—	—	16
Vegetables	12 tins	....	....	....	—	—	10
Soup	8 tins	....	....	....	—	—	7
Milk, condensed	91 tins	....	....	....	—	2	4
Fruit	77 tins	....	....	....	—	2	8
Marmalade and Mincemeat	3 tins	....	....	....	—	—	3
					<hr/>		
					10	1	10
					<hr/>		

The above represent a very small proportion of the food and foodstuffs inspected. It will be noted that no raw meat was condemned and, as all meat is supplied by the Ministry of Food through a slaughterhouse at Leigh, credit for this must be given to the efficiency of the inspections made by the sanitary inspectors of the Borough of Leigh.

(c) **Adulteration of Food.**

The Council is a Food and Drugs Authority and its sanitary inspectors are appointed sampling officers under the Food and Drugs Acts. Dr. Walker, County Analyst, is appointed Public Analyst for this district, and we are grateful for the advice and assistance he so readily gives.

					No. of samples taken.		No. satisfactory.	
Milk (formal)	....	....	....	....	25	....	23	
(informal)	....	....	....	....	17	....	17	
Other foods (formal)	....	....	....	....	3	....	2	
(informal)	....	....	....	....	17	....	17	
					<hr/>		<hr/>	
Totals	....	....	....	....	62		59	
					<hr/>		<hr/>	



One formal sample of milk was found to be 13.3% deficient in milk fat, but as the bottle was discovered to be unsound a further sample was taken from the same producer. This was 9.3% deficient in fat and the producer/retailer was interviewed and cautioned.

A formal sample of pork sausage was reported as showing a 24.6% deficiency of the minimum percentage of meat content. The Council decided not to prosecute and the vendors received a severe warning.

An informal sample of sherry was genuine, but the wording of the label was not in accordance with the Labelling of Food Order. The bottlers were asked to amend their labels.

#### 4. Refuse Collection and Disposal.

A weekly collection of house refuse was maintained throughout the year and the few (40) remaining pail closets were also emptied weekly. Privy middens (34) were emptied fortnightly. The estimated number of ash bins in use was 6,558.

Disposal continued to be by tipping and better means of achieving consolidation and covering were considered. The Council decided on the purchase of an angle-dozer with scarifier and scraper attachments and the machine was on order at the end of the year.

In the report for 1950 I remarked on the low prices paid for waste paper. This year the prices reached a record high figure. These variations, apart from making estimates of income unreliable, bring other problems not the least of which during 1951, was that caused by private dealers. Attracted by the prevailing high prices, and being able to make payments for waste paper delivered to them with no collection arrangements to make, dealers entered the waste paper market, selected the better grades of paper; and affected both the amount and the quality of the waste paper collected by the department. Nevertheless, the income from the sale of waste paper reached a record figure of £1,818 6s. 3d., but the amount collected fell by 27 tons, 9 cwt.

#### Materials Salvaged during Year.

Material.	Weight.			Income.		
	Tons	cwts.	qrs.	£	s.	d.
Paper ....	120	14	0	1,818	6	3
Ferrous Metals ....	3	5	0	6	5	0
Non-ferrous Metals	—	—	3	1	15	0
Jars ....	—	12	2	12	10	0
String ....	—	1	0	0	10	0
Sacks ....	—	1	0	0	6	6
Totals ....	124	14	1	1,839	12	9

## 5. Infectious Diseases—Control.

Enquiries were made upon notification. Disinfection of rooms and bedding was carried out in all cases of removal of tuberculous patients. In other cases rooms were dealt with only on request.

Visits by Inspectors	....	....	....	....	30
Disinfections	....	....	....	....	32

## 6. Vermin Control.

No. of houses found to be infested :—

(a) Council houses	....	....	....	....	—
(b) Other houses	....	....	....	....	5

No. of visits to verminous premises	....	....	19
No. of verminous premises treated	....	....	5

## 7. Statistical Summary of Inspections made, Notices served, etc.

Complaints received and investigated	....	....	391
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### (A) Analysis of Visits made by Inspectors.

#### (a) General Sanitation.

Water supply	....	....	....	....	....	45
Drainage	....	....	....	....	....	74
Stables and Piggeries	....	....	....	....	....	57
Fried Fish Shops	....	....	....	....	....	33
Common Lodging House		....	....	....	....	2
Factories	....	....	....	....	....	85
Bakehouses	....	....	....	....	....	29
Refuse Collection and Disposal				....	....	158
Licensed houses		....	....	....	....	6
Shops	....	....	....	....	....	69
Schools	....	....	....	....	....	11
Rats and Mice	....	....	....	....	....	47
Smoke Observations		....	....	....	....	2
Tents, Vans, Sheds	....	....	....	....	....	1
Public Conveniences	....	....	....	....	....	8
Miscellaneous	....	....	....	....	....	44
Total	....	....	....	....	....	671

(b) **Housing.**

**Under Public Health Acts.**

No. of houses inspected	....	....	....	352
Visits paid to above	....	....	....	937

**Under Housing Acts.**

No. of houses inspected	....	....	....	31
Visits paid to above	....	....	....	35

**Overcrowding.**

No. of houses inspected	....	....	....	14
Visits paid to above	....	....	....	30

**Verminous Premises.**

No. of houses inspected	....	....	....	5
Visits paid to above	....	....	....	19

**Miscellaneous Housing Visits**

(including Points Scheme	....	....	....	7
Total	....	....	....	1,430

(c) **Infectious Diseases.**

Inquiries in cases of I.D.	....	....	....	25
Visits re disinfections	....	....	....	32
Miscellaneous I.D. visits	....	....	....	5
Total	....	....	....	62

(d) **Meat and Food Inspection.**

Inspection of meat—shops and stalls	....	....	17
—other premises	....	....	6
Visits to butchers	....	....	27
Fishmongers, etc.	....	....	53
Grocers	....	....	100
Greengrocers and fruiterers	....	....	105
Dairies and milk shops	....	....	95
Ice cream premises	....	....	65
Food preparing premises	....	....	23
Market Stalls	....	....	415
Street vendors and hawkers' carts	....	....	28
Restaurants	....	....	19

### Visits in connection with Sampling.

Milk—bacteriological	....	....	....	86
Milk—Tubercle bacilli	....	....	....	29
Ice Cream	....	....	....	....
Food and Drugs Samples	....	....	....	66
Water Sampling	....	....	....	46
Miscellaneous Food Visits	....	....	....	4
Total				1,188
Total inspections and visits				3,351

### (B) Notices Served.

No. of informal notices served	....	....	321
No. of informal notices complied with	....	....	252
No. of statutory notices served	....	....	42
No. of statutory notices complied with	....	....	34

### (C) Analysis of Defects noted and remedied.

Type of Defect.	Recorded.	Remedied.
Drainage	56	58
Dustbins	23	26
Paving of yards and passages	15	12
Water supply	8	34
Roofs	100	65
Eavesgutters	131	96
Downspouts	30	19
Brickwork and/or pointing	59	39
Chimneys and Flues	29	16
Plastering	129	99
Floors	25	15
Windows, frames, sashcords, etc	86	64
Doors and/or frames	34	25
Fireplaces	29	20
Washing accommodation	15	8
Waste Pipes	15	9
Sinks, etc.	36	21
W.C.'s, Basins, Cisterns, etc.	81	58
Miscellaneous	45	37
Total	946	725



### (D) Statistics—Rodent Control.

Number of properties inspected .... 7,262

Number of infestation found and treated :—

(a) business premises .... 35

(b) dwellings .... 29

(c) Local authority's property ...., .... 8

### (E) Sewer Treatments.

The sewers of the district were treated twice and the Council's sewage disposal works and refuse tip were baited regularly.

Treatment of Sewers	Treatment No. 12	Treatment No. 13
Total number of manholes....	580	580
Dates of treatment ....	30th April to 4th May.	29th Oct. to 2nd Nov.
Bait base used ....	Bread Mash.	Sausage rusk.
Poison used ....	Arsenic.	Zinc. Phosphide
Number of manholes baited*	79	96
Number of manholes showing take of bait ....	20	52
Number of manholes showing complete take ....	19	43
Number of manholes test baited and not included at* ....	67	Nil.
Scheme of baiting ....	Consecutive days.	

## 8. Additional Duties.

### (a) Petroleum Acts and Orders.

There were 29 licensed storage premises for petroleum spirit, 22 of them for private use and 7 in connection with the supply of petrol to the public.

2 premises were licensed to store carbide of calcium.

Each of them was visited at least once during the year and was found to be satisfactory.

### (b) Lethal Chamber.

The electrical chamber was installed but initial difficulties were experienced so that full operation was not possible.

A total of 225 cats and 315 dogs were disposed of.

(c) **Shops Acts.**

The sub-Committee appointed to consider the administration of the Shops Act, 1950, studied the Act and reviewed the existing local Orders made under previous Shops Acts.

It decided to recommend that your sanitary inspectors continue to carry out the duties of Shops Act Inspectors, and that neither additional nor amending Orders were necessary.

Routine visits were made to all shops within the district, and periodical observations regarding closing hours, Sunday trading, etc., were kept.

**10. Practical Training of Students.**

The principal of the Royal Technical College of Salford again invited the co-operation of the Council in providing part of the practical training of potential sanitary inspectors.

Students are allocated, for periods of three months, to different types of local authority in order to gain an appreciation of the day to day work and application of the theoretical training.

Some degree of satisfaction was felt in that this district was considered to be a suitable training ground, providing excellent experience of all phases of the work and, we like to think, because previous students have derived benefit through their training here.

One student worked the period from September to December and requested that he might be permitted to return for the period immediately preceding the examination. Other students are to follow up to September 1952.

In conclusion, I desire to record my appreciation of the assistance so ably and willingly given by Mr. Davies and Mrs. Lightfoot ; to express my thanks to Dr. Crawford for the kindly direction and helpful discussions which kept us moving in harmony towards the same goal ; and to indicate my esteem of the continued co-operation given by all officers and members of the Council.

Yours faithfully,

L. M. BOOTH,

Chief Sanitary Inspector.









